

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) ▼

317 Massachusetts Avenue, NE

1st Floor

☐ Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343137

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

18

2012

through

M M M / D D D / Y Y Y Y Y Y

11

26

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William J Robb III, MD

Signature of Treasurer

William J Robb III, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

11

30

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012 To: M M / D D / Y Y Y Y Y Y  
11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">1409935.15</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">968484.70</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">64642.24</span>	<span style="border: 1px solid black; padding: 2px;">1488623.97</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">1033126.94</span>	<span style="border: 1px solid black; padding: 2px;">2898559.12</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">58536.77</span>	<span style="border: 1px solid black; padding: 2px;">1923968.95</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">974590.17</span>	<span style="border: 1px solid black; padding: 2px;">974590.17</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
10 18 2012

To:

M M / D D / Y Y Y Y Y  
11 26 2012

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

56054.33

1313970.64

(ii) Unitemized .....

3554.00

115500.16

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

59608.33

1429470.80

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

59608.33

1429470.80

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

2022.77

22530.23

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

3000.00

36500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

11.14

122.94

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

64642.24

1488623.97

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

64642.24

1488623.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2036.77	22723.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2036.77	22723.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56500.00	1372000.00
24. Independent Expenditures (use Schedule E) .....	0.00	514245.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	10000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	10000.00
29. Other Disbursements .....	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	58536.77	1923968.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58536.77	1923968.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	59608.33	1429470.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	59608.33	1419470.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2036.77	22723.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2022.77	22530.23
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	14.00	193.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Ryan M Arnold MD**

Mailing Address 2725 S. 144th St  
Suite 212

City State Zip Code  
Omaha NE 68144-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : A9E751BDD7A9D4019850**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Adam D Bernstein MD**

Mailing Address 28-04 Broadway

City State Zip Code  
Fair Lawn NJ 07410-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Garden State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : A0DB5E37CA08D4E45BFE**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert J Bielski MD**

Mailing Address 5841 S. Maryland Ave Suite MC6051

City State Zip Code  
Chicago IL 60637-1654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ Of Chicago

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : A173DAE45A464472CB1C**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

## **A. Haim Blecher MD**

Mailing Address 256 Bunn Dr Suite 3B

City  
Princeton

State  
NJ

Zip Code  
08540-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Spine Associates

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

10 / 18 / 2012

Transaction ID : A5C06871774804FCEB27

Amount of Each Receipt this Period

3600.00

Full Name (Last, First, Middle Initial)

## **B. Bryan Bomberg MD**

Mailing Address 940 Central Park Dr Ste 190

City  
Steamboat Springs

State  
CO

Zip Code  
80487-8816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steamboat Orthopaedic Associates

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2012

Transaction ID : AF427CE3BF22D4417940

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. David E Brown MD**

Mailing Address 2725 S 144th St Ste 212

City  
Omaha

State  
NE

Zip Code  
68144-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho West

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

Transaction ID : A84F0604C0FBC496AAC7

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Jonathan E Buzzell MD**

Mailing Address 2725 S 144th St Ste 212

City State Zip Code  
Omaha NE 68144-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 18 2012

**Transaction ID : AB1238042B9C3431381C**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Andrew M Casden MD**

Mailing Address Beth Israel Med Ctr/Spine Inst  
10 Union Square East Ste 5P

City State Zip Code  
New York NY 10003-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beth Israel Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 18 2012

**Transaction ID : A1B9439EFCC9846329F2**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Stephen A Cord MD**

Mailing Address 4110 22nd Pl

City State Zip Code  
Lubbock TX 79410-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 18 2012

**Transaction ID : A75E1878F0F1C46C9B24**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Ian D Crabb MD**

Mailing Address 2725 S 144th St Ste 212

City State Zip Code  
Omaha NE 68144-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A398E668DCCB142B7BEA**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Charles C Craig MD**

Mailing Address 3 Hawthorne Court

City State Zip Code  
Newton KS 67114-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newton Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : AD51182EEDFBC43E6A8E**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Richard L Crank DO**

Mailing Address 1502 Lexington Ct

City State Zip Code  
Warrensburg MO 64093-2992

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Missouri Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A9112BC800033434D964**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. James J Dietz MD**

Mailing Address 23829 Little Mack Ste 100

City

Saint Clair Shores

State

MI

Zip Code

48080-1186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A98EB9B2533A344C7983**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kenneth A Egol MD**

Mailing Address 301 E 17th St Ste 1402

City

New York

State

NY

Zip Code

10003-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYU School of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : ACA85E4981DF848FE87A**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Kevin S Finnesey MD**

Mailing Address 9 Brownstone Way  
Apt 109

City

Englewood

State

NJ

Zip Code

07631-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A452D34C7FD4241D0841**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

## **A. David Fowler MD**

Mailing Address 5555 Peachtree Dunwoody Rd NE  
Suite 101

City State Zip Code  
Atlanta GA 30342-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : AEC0D669ED4874EC9A20**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Paul T Geibel MD**

Mailing Address 18626 Hardy Oak Blvd 300

City State Zip Code  
San Antonio TX 78258-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : A57F3F2D955C24AD493D**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Frank P Giammattei MD**

Mailing Address Professional Office Bldg 2 Ste 324  
1 Medical Center Blvd

City State Zip Code  
Chester PA 19013-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Premier Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : AB87D007BD81F4A0C982**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

## **A. Robert Joseph Goitz MD**

Mailing Address Dept of Ortho Surgery  
3471 5th Ave Ste 911

City State Zip Code  
Pittsburgh PA 15213-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : AD30528A03F094019A00**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Richard E Grant MD**

Mailing Address 7909 Heather Road

City State Zip Code  
Elkins Park PA 19027-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ Hospital Case Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : AC9A570DF5E164852869**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. Joanne Halbrecht MD**

Mailing Address 3000 Center Green Dr Ste 150

City State Zip Code  
Boulder CO 80301-2364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : AA1818A61BE8643AF9A8**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

900.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Christopher D Hamilton MD**

Mailing Address 2400 Bahamas Dr, #200

City State Zip Code  
Bakersfield CA 93309-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern California Ortho Institute

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 18 2012

**Transaction ID : A7028EBC0C54E42F1A2F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David E Hassinger MD**

Mailing Address 7979 W. Rifleman St

City State Zip Code  
Boise ID 83704-9066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 18 2012

**Transaction ID : AFEA62D5A31C64B63B42**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Alan E Hibberd MD**

Mailing Address 23704 Up Mountain Rd

City State Zip Code  
San Antonio TX 78255-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Antonio Orthopaedic Group

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 18 2012

**Transaction ID : A717BAE7CC59349D081B**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Kirk Hutton MD**

Mailing Address 2725 S 144th St Ste 212

City

Omaha

State

NE

Zip Code

68144-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A4D8A2DA28ECB4C789FC**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joshua J Jacobs MD**

Mailing Address 1611 W. Harrison St  
Ste 300

City

Chicago

State

IL

Zip Code

60612-4861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Orthopaedics at Rush

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : AFE5313B0084E4E07A0D**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Paul G Johnson MD**

Mailing Address 6490 Excelsior Blvd Ste E400

City

Minneapolis

State

MN

Zip Code

55426-4721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Park Nicollet Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A91CF46457B524D929C3**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Daniel G Kalbac MD**

Mailing Address 6701 Sunset Dr Ste 201  
PO Box 430430

City State Zip Code  
South Miami FL 33143-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho & Sports Med Ctr of Miami

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A483CF1656D1E4373AD6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Glenn C Landon MD**

Mailing Address 2nd Fl Orthopaedics  
2727 W Holcombe Blvd

City State Zip Code  
Houston TX 77025-1669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kelsey-Seybold Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A6FEB5304DC6F437B90C**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher Lawrence Lee MD**

Mailing Address 23829 Little Mack Ste 100

City State Zip Code  
Saint Clair Shores MI 48080-1186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A22D6F458B57C4AF1BA3**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. David A McGuire MD**

Mailing Address 4100 Lake Otis Pkwy Ste 320

City State Zip Code  
 Anchorage AK 99508-5231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : ACC8EE68401B84522803**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brian M Mehling MD**

Mailing Address 800 Montauk Hwy

City State Zip Code  
 West Islip NY 11795-4919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A735D6FB7F1444CDBA8B**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Thomas Milan Mirich MD**

Mailing Address 621 3rd St South

City State Zip Code  
 Glasgow MT 59230-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

FMDH Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : AA5E075D3F43D4938B40**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1350.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Randall Dean Neumann MD**

Mailing Address 2725 S 144th St Ste 212

City

Omaha

State

NE

Zip Code

68144-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A1EF7FCE8A33445D2975**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Raymond C Noellert MD**

Mailing Address 52 Port Royal Way

City

Pensacola

State

FL

Zip Code

32502-5774

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sacred Heart Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : AB0804EA9060046329D3**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Sean J O'Donnell MD**

Mailing Address Middlesex Ortho Surgeons  
410 Saybrook Rd Ste 100

City

Middletown

State

CT

Zip Code

06457-4780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Middlesex Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A6901E13775904D5A9AE**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Douglas W Pahl MD**

Mailing Address 6500 -1 Green Island Dr

City State Zip Code  
Columbus GA 31904-2245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Hughston Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A2915A9D57DC94B088A0**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Richard T Perry MD**

Mailing Address 23829 Little Mack Ste 100

City State Zip Code  
Saint Clair Shores MI 48080-1186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A956FADAEB5A74EAE844**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steve A Petersen MD**

Mailing Address 10753 Falls Rd  
Pavillion 2 Ste 305

City State Zip Code  
Lutherville Timonium MD 21093-4535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A0BAC7D0114D1443E92C**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. John T Quigley MD**

Mailing Address 301 W. Huntington Dr

City State Zip Code  
Arcadia CA 91007-3462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Congress Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A0B2FB5DBE0134679BDB**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Samar Kumar Ray MD**

Mailing Address 2725 S 144th St Ste 212

City State Zip Code  
Omaha NE 68144-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A5D9F5B9666834304821**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael F Sacco MD**

Mailing Address 120 Norlyn Dr

City State Zip Code  
Walnut Creek CA 94596-4258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Bay Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A45BE86E0193342A591F**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Ralph T Salvagno MD**

Mailing Address 13 Western Maryland Parkway, #104

City

Hagerstown

State

MD

Zip Code

21740-5146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Center for Joint Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A1B3E474C4B564F8F99E**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Charles P Schneider MD**

Mailing Address 206 E Elm St

City

Caldwell

State

ID

Zip Code

83605-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A214985EEE80149D8B97**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Nicholas J Schoch MD**

Mailing Address 23829 Little Mack  
Suite 100

City

Saint Clair Shores

State

MI

Zip Code

48080-1186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : AA448745D41924BACB2B**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Kanwaldeep S Sidhu MD**

Mailing Address 23829 Little Mack Ste 100

City

Saint Clair Shores

State

MI

Zip Code

48080-1186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2012

Transaction ID : AEDC4948A31414996AEB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. William Stuart Singer MD**

Mailing Address 2725 S 144th St Ste 212

City

Omaha

State

NE

Zip Code

68144-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

Transaction ID : AF71B7773B4034C99A2F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael A Thompson MD**

Mailing Address 25005 Farnam Circle

City

Waterloo

State

NE

Zip Code

68069-4694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2012

Transaction ID : A32750AC186ED4F32B6C

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Michael C Thompson MD**

Mailing Address 21925 Stanford Circle

City

Elkhorn

State

NE

Zip Code

68022-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A8FA19E4F8038428B979**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Laura Lowe Tosi MD**

Mailing Address Orthopaedic Surgery  
111 Michigan Ave NW

City

Washington

State

DC

Zip Code

20010-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CNMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A3B4549869159437CBDF**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Daniel M Ward MD**

Mailing Address 830 Boylston St Suite 106

City

Chestnut Hill

State

MA

Zip Code

02467-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Longwood Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : A878319D727EC4A4FB7A**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Bruce Ross Wheeler MD**

Mailing Address 1301 Nisqually St

City

Steilacoom

State

WA

Zip Code

98388-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Health Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2012

Transaction ID : A717E4FDDD5E149D299D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Roland H Winter MD**

Mailing Address 5660 E Acorn Ct

City

Stockton

State

CA

Zip Code

95212-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 18 / 2012

Transaction ID : A9F8870A46CA6494FB9F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher Zingas MD**

Mailing Address 23829 Little Mack Ste 100

City

Saint Clair Shores

State

MI

Zip Code

48080-1186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2012

Transaction ID : AD412B1EC997E44D0B79

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Steven L Buckley MD**

Mailing Address 6007 Macon Ct

City State Zip Code  
Huntsville AL 35802-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2012

**Transaction ID : A5B0BCA470F2D459B81D**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. P Merrill White MD**

Mailing Address 909 Woodside St

City State Zip Code  
Knoxville TN 37919-7764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2012

**Transaction ID : ACD6A8E1206AF474DBA7**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Brian C Aamlid MD**

Mailing Address 1210 W 18th Street Ste G01

City State Zip Code  
Sioux Falls SD 57104-4651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Ortho and Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : A2083E568F0C84E72BE1**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. James Spiegel MD**

Mailing Address 2907 Chanticleer Ave  
First Floor

City State Zip Code  
Santa Cruz CA 95065-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palo Alto Medical Foundation Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : A73DA462F405147E5AA5**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mark A Spelich MD**

Mailing Address 7979 W. Rifleman St Suite 100

City State Zip Code  
Boise ID 83704-9066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : A2682C0D925794A36BD7**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Gregg Berkowitz MD**

Mailing Address Pond View Professional Park  
301 Professional View Dr

City State Zip Code  
Freehold NJ 07728-7904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Orthopaedic Centers

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : A6F03BAA1B5D64942B9D**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Julius Stephen Brecht MD**

Mailing Address 25 Chatham Rd

City

Longmeadow

State

MA

Zip Code

01106-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Ortho Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : AF70D731775F344F391B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John P Buckley MD**

Mailing Address 305 Bryant Dr E

City

Tuscaloosa

State

AL

Zip Code

35401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : A8E058DF65C2F4A019CB**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. William A Crotwell, III MD**

Mailing Address 4217 River Oaks Lane

City

Mobile

State

AL

Zip Code

36619-9552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alabama Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : A51E3AC1A733B4D69807**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

## **A. Matthew L Graves MD**

Mailing Address Dept of Ortho Surg & Rehab  
2500 N State St

City State Zip Code  
Jackson MS 39216-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Missouri

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : A5DC5D9F321BA4419872**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Darron M Jones MD**

Mailing Address 250 S Crescent Dr

City State Zip Code  
Mason City IA 50401-2926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mason City Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : A9617BEC39ACD40C4843**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Cyrus S Kump II, MD**

Mailing Address 118 Tempsford Lane

City State Zip Code  
Richmond VA 23226-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : AD57EB68E7BC34A0483D**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Keith T Lonergan MD**

Mailing Address 406 Chancery Lane

City State Zip Code  
 Simpsonville SC 29681-3677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Greenville Hospital System

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 29 / 2012

**Transaction ID : A4CB9A11FEC774B45A0F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James H Lubowitz MD**

Mailing Address 1219-A Gusdorf Rd Ste A

City State Zip Code  
 Taos NM 87571-6361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Taos Orthopaedic Institute

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2012

**Transaction ID : AAC9F48105839420DAED**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Thomas L Martin MD**

Mailing Address 900 Buffalo Rd Frnt 1

City State Zip Code  
 Lewisburg PA 17837-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sun Orthopaedic Group

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 29 / 2012

**Transaction ID : ABBF584F757FE4C1C835**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Robert E Mitchell MD**

Mailing Address 695 Hill Country Dr Ste B

City

Kerrville

State

TX

Zip Code

78028-6074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 29 / 2012

**Transaction ID : A4176AB13325C47609BB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Keith D Nord MD**

Mailing Address 569 Skyline Dr  
Ste 100

City

Jackson

State

TN

Zip Code

38301-3911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sports, Orthopedics & Spine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2012

**Transaction ID : AB80882033E494748972**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Steven Nowicki MD**

Mailing Address Laurel Bone & Joint Clinic  
424 S 13th Ave Box 2666

City

Laurel

State

MS

Zip Code

39440-4345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laurel Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2012

**Transaction ID : A8DA5C67B6F8941CA8BB**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Edward H Saer III, MD**

Mailing Address 600 S. McKinley St Suite 210

City

Little Rock

State

AR

Zip Code

72205-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Specialty Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

10 / 29 / 2012

Transaction ID : A18CEB32AFD044FC88FA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas S Samuelson MD**

Mailing Address Corporate Medical Plaza Bldg 1  
10701 Nall Ave Ste 200

City

Leawood

State

KS

Zip Code

66211-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas City Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

10 / 29 / 2012

Transaction ID : A086D39852B0E4DBF99F

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. William C Schroer MD**

Mailing Address 12266 DePaul Dr Ste 220

City

Bridgeton

State

MO

Zip Code

63044-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SSM Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2012

Transaction ID : AC8B9356493694AF99F9

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. James F Scoggin III, MD**

Mailing Address PO Box 25823

City

Honolulu

State

HI

Zip Code

96825-0823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : ADE416D89FD9C4575BC9**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. William Isaac Smulyan MD**

Mailing Address 3518 Barton Oaks Road

City

Pikesville

State

MD

Zip Code

21208-4301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Maryland

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : A5F55AB98FD9E44CAA52**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Alan Scott Tuckman MD**

Mailing Address 2933 Cotswold Rd

City

Reading

State

PA

Zip Code

19608-9690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : A201DFCE16CFE464DBE1**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Jeffery P Beckenbaugh DO**

Mailing Address 4121 8th St SW

City  
Rochester

State  
MN

Zip Code  
55902-8751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Olmsted Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 30 / 2012

**Transaction ID : A4DCABA446ACE4E9899A**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Kenneth J Edwards MD**

Mailing Address 183 Peace Blvd

City

Saint Joseph

State

MI

Zip Code

49085-9146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Michigan Ctr for Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 30 / 2012

**Transaction ID : A7373ABC29E2F4F72B77**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Daniel William Green MD**

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1670.00

Date of Receipt

10 / 30 / 2012

**Transaction ID : A23D9B798D7DE49338D1**

Amount of Each Receipt this Period

167.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

367.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. David A Halsey MD**

Mailing Address 192 Tilley Drive

City

South Burlington

State

VT

Zip Code

05403-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Vermont Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012

**Transaction ID : A0415F738A6994DA5999**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Scott Edward Porter MD**

Mailing Address Dept of Ortho, Acad Serv  
701 Grove Rd 2nd Fl Suprt Twr

City

Greenville

State

SC

Zip Code

29605-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012

**Transaction ID : AFF355D52E3E049CEAD6**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Bonhomme Joseph Prud'homme MD**

Mailing Address 3400 Health Sciences Center South  
PO Box 9196

City

Morgantown

State

WV

Zip Code

26506-9196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012

**Transaction ID : A16766A7936794ED3BFD**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Marc J Rosen MD**

Mailing Address 5605 W Eugie Ste 111

City

Glendale

State

AZ

Zip Code

85304-1273

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Surg Network of North America

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 30 / 2012

Transaction ID : AA2F8D98F002F45F9828

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Paul Strawn Sherbondy MD**

Mailing Address Ste 112, MC-UP02  
1850 E Park Ave

City

State College

State

PA

Zip Code

16803-6706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penn State Hershey

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

10 / 30 / 2012

Transaction ID : AF8BA3A3964974AF0A0F

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Christopher A Wills MD**

Mailing Address 725 W La Veta Ave Ste 260

City

Orange

State

CA

Zip Code

92868-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

10 / 30 / 2012

Transaction ID : A886C8FC389724B6AA35

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

267.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. John Robert Starynski MD**

Mailing Address 8118 Northern Rd

City

Minocqua

State

WI

Zip Code

54548-9103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2012

**Transaction ID : A62AE625172E341DF895**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. William F Binder MD**

Mailing Address 25 Riviera Dr

City

Lake Havasu City

State

AZ

Zip Code

86403-5713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakeside Orthopedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A475FC2EBB86E4CA9829**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**c. H Chester Boston Jr, MD**

Mailing Address 305 Bryant Dr East

P.O. Box 2447

City

Tuscaloosa

State

AL

Zip Code

35403-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A0CC423B00D7D438EB37**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Thomas E Brown MD**

Mailing Address 412 Rookwood Dr

City State Zip Code  
 Charlottesville VA 22903-4732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UVA Medical Center

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A75190E00BD784E91AF2**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Juliet M DeCampos MD**

Mailing Address 9400 University Pkwy Ste 309

City State Zip Code  
 Pensacola FL 32514-5485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : AC5CDC3468BB544CB8DA**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Joseph C Duncan MD**

Mailing Address Central Indiana Orthopaedics  
 3600 W Bethel Ave

City State Zip Code  
 Muncie IN 47304-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A56245A32EED14BDC98C**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Brian R Hamlin MD**

Mailing Address Suite 1601

300 Halket Street

City

Pittsburgh

State

PA

Zip Code

15213-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WVU School of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A9D6EDA9DB7564F72891**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Douglas Edward Holford MD**

Mailing Address 410 University Pkwy Ste 1000

City

Aiken

State

SC

Zip Code

29801-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CMI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : AF90CA7EC35C44A26B26**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Bret T Kean MD**

Mailing Address 2930 SE Carlton St

City

Portland

State

OR

Zip Code

97202-8650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A164C76A5CF094018A36**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. David M Kieras MD**

Mailing Address 33501 1st Way S

City

State

Zip Code

Federal Way

WA

98003-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Virginia Mason Med Ctr

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : AFE9BBC49504B48DD9F6**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John O Krause MD**

Mailing Address 14825 N Outer Forty Rd Ste 200

City

State

Zip Code

Chesterfield

MO

63017-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

The Ortho Ctr of St Louis

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A09ECC687321341BE897**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Geoffrey M McCullen MD**

Mailing Address 2828 Stratford Ave

City

State

Zip Code

Lincoln

NE

68502-4249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Neurological & Spinal Surgery

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : AC92876AA6A6D49BA9AB**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. J Spence Reid MD**

Mailing Address 500 University Dr

MC H089, PO Box 850

City

Hershey

State

PA

Zip Code

17033-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hershey Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A3818D1D9809B40FA80A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kent A Reinker MD**

Mailing Address 928 Hokolani St

City

Honolulu

State

HI

Zip Code

96825-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A0B066E2F97AB4803B3F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Benjamin David Sutker MD**

Mailing Address 210 E DeRenne Ave

City

Savannah

State

GA

Zip Code

31405-6736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southeastern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : ACC3E3A0CAA8E4F34883**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Scott W Walker MD**

Mailing Address Central Indiana Ortho  
3600 W Bethel Ave

City State Zip Code  
Muncie IN 47304-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : AC6C640D329AF46CC8F9**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Oskar Weg MD**

Mailing Address 521 Park Ave Lbby 1

City State Zip Code  
New York NY 10065-8140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Park Avenue Sports Med & Rehab

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A8CAEF1FD8F6248A4AEC**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Peter D Wood MD**

Mailing Address 2404 Mallard Cir

City State Zip Code  
Longmont CO 80504-7342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Longmont Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A90778E1BBE5344928F1**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1100.00

**TOTAL** This Period (last page this line number only)..... ►



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Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Timothy Francis Wright MD**

Mailing Address 2815 W Elk Ave

City

Duncan

State

OK

Zip Code

73533-1517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duncan Regional Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2012

**Transaction ID : A0442E40D5D35485AB4D**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jerome J Perra MD**

Mailing Address 1171 Southview Drive

City

Hastings

State

MN

Zip Code

55033-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 11 / 2012

**Transaction ID : A5E2586E61ECA4EEEB14**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

56054.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 52

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

## **A. American Association of Orthopaedic Surgeons**

Mailing Address 317 Massachusetts Avenue, NE  
1st Floor

City Washington State DC Zip Code 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22515.64

Date of Receipt

11 / 21 / 2012

Transaction ID : A8A5BD45CFC3145428C9

Amount of Each Receipt this Period

2022.77

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2022.77

2022.77

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 52  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

## **A. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City State Zip Code  
 Columbus OH 43220

FEC ID number of contributing  
federal political committee.

**C** C00441352

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

**11** / **21** / **2012**

**Transaction ID : A3B14999036C14D18808**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

3000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 52

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Aristotle International, Inc**

Mailing Address 205 Pennsylvania Ave SE

City Washington      State DC      Zip Code 20003

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2012
**Transaction ID : B16A4D22C9DDD4479B2B**

Amount of Each Disbursement this Period

175.70

Full Name (Last, First, Middle Initial)

**B. Aristotle International, Inc**

Mailing Address 205 Pennsylvania Ave SE

City Washington      State DC      Zip Code 20003

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2012
**Transaction ID : B0E3FBF803DC64B0DB38**

Amount of Each Disbursement this Period

265.20

Full Name (Last, First, Middle Initial)

**C. Aristotle International, Inc**

Mailing Address 205 Pennsylvania Ave SE

City Washington      State DC      Zip Code 20003

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012
**Transaction ID : BD595E9BBA2EE4B2093C**

Amount of Each Disbursement this Period

124.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

564.90

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Political Action Committee of the American Association of Orthopaedic Surgeons

623.25

Category/  
Type

State:  District:

799.85

Category/  
Type

State:  District:

34.77

Category/  
Type

State:  District:

1457.87

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Aristotle International, Inc**

Mailing Address 205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2012

**Transaction ID : B3418588ADEB44873A9B**

Amount of Each Disbursement this Period

14.00
-------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14.00
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2036.77
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Chesapeake PAC**Mailing Address 170 Old Enterprise Rd  
P.O. Box 5323

City Upper Marlboro State MD Zip Code 20774-1645

Purpose of Disbursement  
Harris' LPAC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : B5756CBE69E914151A70**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Trey Radel, Inc**

Mailing Address P.O. Box 1329

City Fort Myers State FL Zip Code 33902-1329

Purpose of Disbursement

Candidate Name

**Henry J Radel III**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : B5387DE3333D54897B5E**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Tim Murphy for Congress**Mailing Address 499 S Capitol St, SW  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement

Candidate Name

**Rep. Tim F. Murphy**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : B242FAA1BDCDC4E88BF1**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Walberg for Congress**

Mailing Address 6769 Teachout Road

City	State	Zip Code
Tipton	MI	49287-9807

Purpose of Disbursement

Candidate Name

**Rep. Timothy L. Walberg**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 07

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : B9F58D0F97759497C91A**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Comite Pierluisi, Inc**

Mailing Address PMB 232, 1353 Road 19

City	State	Zip Code
Guaynabo	PR	00966

Purpose of Disbursement

Candidate Name

**Hon. Pedro R. Pierluisi**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PR District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2012

**Transaction ID : B10800B4F20874358A04**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Louise Slaughter Re-election Committee**Mailing Address 1150 University Avenue  
Building 5

City	State	Zip Code
Rochester	NY	14607-1647

Purpose of Disbursement

Candidate Name

**Rep. Louise M. Slaughter**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 28

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2012

**Transaction ID : BF65278E163894310A13**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Thoroughbred PAC**

Mailing Address P.O. Box 65116

City	State	Zip Code
Washington	DC	20035-5116

Purpose of Disbursement  
Whitfield LPAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2012

**Transaction ID : B1F4B2BCD46C14B4BB69**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tulsi for Hawaii**

Mailing Address P.O. Box 75561

City	State	Zip Code
Kapolei	HI	96707-0561

Purpose of Disbursement

Candidate Name

**Tulsi Gabbard**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: HI District: 02

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2012

**Transaction ID : B99C2BB5E7912409196F**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Farr**

Mailing Address 555 Capitol Mall Suite 1425

City	State	Zip Code
Sacramento	CA	95814-4602

Purpose of Disbursement

Candidate Name

**Rep. Sam Farr**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 17

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2012

**Transaction ID : B46A6CE76CA6C486193A**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Friends of Lois Capps**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Mailing Address P.O. Box 23940

City	State	Zip Code
Santa Barbara	CA	93121-3940

**Transaction ID : B4AAE4B5CB97D4E60B5C**

Purpose of Disbursement

Amount of Each Disbursement this Period

3000.00
---------

Candidate Name

**Rep. Lois Capps**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 23	

Full Name (Last, First, Middle Initial)

**B. Jim Renacci for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Mailing Address 150 Smokerise Drive

City	State	Zip Code
Wadsworth	OH	44281-8701

**Transaction ID : B11505ECAB55F44C399D**

Purpose of Disbursement

Amount of Each Disbursement this Period

4000.00
---------

Candidate Name

**Rep. James B. Renacci**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH	District: 16	

Full Name (Last, First, Middle Initial)

**C. Schweikert for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Mailing Address 8776 E Shea Blvd Suite B3A-626

City	State	Zip Code
Scottsdale	AZ	85260-6629

**Transaction ID : B9410497EFCF243618E5**

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Rep. David Sheridan Schweikert**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AZ	District: 05	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Kaptur for Congress**

Mailing Address P.O. Box 899

City Toledo	State OH	Zip Code 43697-0899
----------------	-------------	------------------------

Purpose of Disbursement

Candidate Name

**Rep. Marcy Kaptur**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2012

**Transaction ID : BC718B16078C541D8B21**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tulsi for Hawaii**

Mailing Address P.O. Box 75561

City Kapolei	State HI	Zip Code 96707-0561
-----------------	-------------	------------------------

Purpose of Disbursement  
Debt Retirement Primary 2012

Candidate Name

**Tulsi Gabbard**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: HI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2012

**Transaction ID : BE1440B4161FF473DADD**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address P.O. Box 3498

City Portland	State OR	Zip Code 97208-3498
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Purpose of Disbursement

Candidate Name

**Sen. Ron Wyden**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2012

**Transaction ID : B4BB3265D61BA4328A24**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr. MD for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2012

Mailing Address P.O. Box 80126

City	State	Zip Code
Lafayette	LA	70598-0126

**Transaction ID : B112C2CB6796841F49AC**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**Rep. Charles W. Boustany Jr.**Category/  
Type

5000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Runoff2012

State: LA District: 07

Full Name (Last, First, Middle Initial)

**B. Vargas for Congress 2012**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2012

Mailing Address 5429 Madison Ave

City	State	Zip Code
Sacramento	CA	95841

**Transaction ID : BC8D77C0FFA474C0FB9D**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**Sen. Juan Vargas**Category/  
Type

2500.00
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Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

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Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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56500.00
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